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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small> |  | <b>Attorney Docket No.</b> R2184.0282/P282   |  |
|   |  | <b>First Inventor</b> Hirokazu Iwata   |  |
|   |  | <b>Title</b> METHOD OF GROWING GROUP III NITRIDE CRYSTAL, GROUP III NITRIDE CRYSTAL GROWN THEREBY, GROUP III NITRIDE, etc. |  |
|   |  | <b>Express Mail Label No.</b>  |  |

  

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| <b>APPLICATION ELEMENTS</b><br><small>See MPEP chapter 600 concerning utility patent application contents.</small> | <b>ADDRESS TO:</b> MS Patent Application<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 |
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| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br/><small>(Submit an original, and a duplicate for fee processing)</small></p> <p>2. <input type="checkbox"/> Applicant claims small entity status.<br/><small>See 37 CFR 1.27.</small></p> <p>3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages <b>139</b>]</span><br/><small>(preferred arrangement set forth below)</small><ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul></p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">[Total Sheets <b>19</b>]</span></p> <p>5. Oath or Declaration <span style="float: right;">[Total Sheets <b>    </b>]</span><ul style="list-style-type: none"><li>a. <input type="checkbox"/> Newly executed (original or copy)</li><li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br/><small>(for continuation/divisional with Box 18 completed)</small></li><li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/><small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></li></ul></p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i></p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i><ul style="list-style-type: none"><li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li><li>b. Specification Sequence Listing on:<ul style="list-style-type: none"><li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li><li>ii. <input type="checkbox"/> Paper</li></ul></li><li>c. <input type="checkbox"/> Statements verifying identity of above copies</li></ul></p> <p style="text-align: center;"><b>ACCOMPANYING APPLICATION PARTS</b></p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <span style="float: right;"><input type="checkbox"/> Power of Attorney</span><br/><small>(when there is an assignee)</small></p> <p>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <span style="float: right;"><input checked="" type="checkbox"/> Copies of IDS Citations</span></p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/><small>(Should be specifically itemized)</small></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br/><small>(if foreign priority is claimed)</small></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).<br/><small>Applicant must attach form PTO/SB/35 or its equivalent.</small></p> <p>17. <input type="checkbox"/> Other: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span></p> |
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_

Prior application information: Examiner: \_\_\_\_\_ Art Unit: \_\_\_\_\_

**For CONTINUATION OR DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

  

**19. CORRESPONDENCE ADDRESS**

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| <input checked="" type="checkbox"/> Customer Number: <b>24998</b> | <input checked="" type="checkbox"/> Correspondence address below |
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| <b>Signature</b>                          | <b>Date</b> January 28, 2004                    |



16638 U.S. PTO

PTO/SB/17 (10-03)  
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| FEE TRANSMITTAL<br>for FY 2004  |          |                  |          | Complete if Known   |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
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| Effective 10/01/2003, Patent fees are subject to annual revision.   |          |                  |          | Application Number  |          | Not Yet Assigned      |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |          |                  |          | Filing Date   |          | Concurrently Herewith |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
|   |          |                  |          | First Named Inventor  |          | Hirokazu Iwata        |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
|   |          |                  |          | Examiner Name   |          | Not Yet Assigned      |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| TOTAL AMOUNT OF PAYMENT (\$ ) 2,608.00  |          |                  |          | Art Unit  |          | N/A                   |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
|   |          |                  |          | Attorney Docket No.   |          | R2184.0282/P282       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| METHOD OF PAYMENT (check all that apply)  |          |                  |          | FEE CALCULATION (continued)   |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None  |          |                  |          | 3. ADDITIONAL FEES  |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| <input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: 04-1073<br>Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP   |          |                  |          |   |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| The Director is authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.  |          |                  |          | <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr><tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr><tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr><tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr><tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr><tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr><tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr><tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr><tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr><tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr><tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td></td></tr><tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td><td></td></tr><tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr><tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr><tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr><tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr><tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td><td></td></tr><tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr><tr><td colspan="4">Other fee (specify) _____</td><td colspan="2"></td><td colspan="2"></td></tr><tr><td colspan="4">*Reduced by Basic Filing Fee Paid</td><td colspan="2">SUBTOTAL (3) (\$ )</td><td colspan="2">0.00</td></tr><tr><td colspan="4" style="text-align: center; font-weight: bold;">1. BASIC FILING FEE</td><td colspan="4"></td></tr><tr><td colspan="4"><table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td>770.00</td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="4">SUBTOTAL (1) (\$ )</td><td colspan="2">770.00</td></tr></tbody></table></td><td colspan="4"></td></tr><tr><td colspan="4" style="text-align: center; font-weight: bold;">2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</td><td colspan="4"></td></tr><tr><td colspan="4"><table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="2"></th><th colspan="2">Extra Claims</th><th colspan="2">Fee from below</th><th colspan="2">Fee Paid</th></tr></thead><tbody><tr><td>Total Claims</td><td>54</td><td>-20** =</td><td>34</td><td>x</td><td>18.00</td><td>=</td><td>612.00</td></tr><tr><td>Independent Claims</td><td>14</td><td>-3** =</td><td>11</td><td>x</td><td>86.00</td><td>=</td><td>946.00</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td><td></td><td>280.00</td><td>=</td><td>280.00</td></tr></tbody></table></td><td colspan="4"></td></tr><tr><td colspan="4"><table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="4">SUBTOTAL (2) (\$ )</td><td colspan="2">1,838.00</td></tr></tbody></table></td><td colspan="4"></td></tr><tr><td colspan="4">**or number previously paid, if greater; For Reissues, see above</td><td colspan="4"></td></tr><tr><td colspan="4" style="text-align: center; font-weight: bold;">SUBMITTED BY</td><td colspan="4" style="text-align: center; font-weight: bold;">(Complete if applicable)</td></tr><tr><td colspan="2">Name (Print/Type)</td><td colspan="2">Mark J. Thronson</td><td colspan="2">Registration No. (Attorney/Agent)</td><td colspan="2">33,082</td></tr><tr><td colspan="2">Signature</td><td colspan="2"></td><td colspan="2">Telephone</td><td colspan="2">(202) 775-4742</td></tr><tr><td colspan="2"></td><td colspan="2"></td><td colspan="2">Date</td><td colspan="2">January 28, 2004</td></tr></tbody></table> |          |                       |        | Large Entity    |          | Small Entity |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051                   | 130    | 2051               | 65  | Surcharge - late filing fee or oath |     | 1052                              | 50    | 2052 | 25     | Surcharge - late provisional filing fee or cover sheet. |     | 1053                                  | 130 | 1053 | 130    | Non-English specification |        | 1812   | 2,520 | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination |    | 1804   | 920* | 1804               | 920* | Requesting publication of SIR prior to Examiner action |  | 1805     | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  | 1252 | 420 | 2252 | 210 | Extension for reply within second month |  | 1253 | 950 | 2253 | 475 | Extension for reply within third month |  | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month |  | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |  | 1401 | 330 | 2401 | 165 | Notice of Appeal |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37CFR 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  | SUBTOTAL (3) (\$ ) |  | 0.00 |  | 1. 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Thronson |  | Registration No. (Attorney/Agent) |  | 33,082 |  | Signature |  |  |  | Telephone |  | (202) 775-4742 |  |  |  |  |  | Date |  | January 28, 2004 |  |
| Large Entity  |          | Small Entity     |          |   |          |                       |        | Fee Description | Fee Paid |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| Fee Code  | Fee (\$) | Fee Code         | Fee (\$) |   |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 1051  | 130      | 2051             | 65       | Surcharge - late filing fee or oath   |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 1052  | 50       | 2052             | 25       | Surcharge - late provisional filing fee or cover sheet.   |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 1053  | 130      | 1053             | 130      | Non-English specification   |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 1812  | 2,520    | 1812             | 2,520    | For filing a request for <i>ex parte</i> reexamination  |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 1804  | 920*     | 1804             | 920*     | Requesting publication of SIR prior to Examiner action  |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 1805  | 1,840*   | 1805             | 1,840*   | Requesting publication of SIR after Examiner action   |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 1251  | 110      | 2251             | 55       | Extension for reply within first month  |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 1252  | 420      | 2252             | 210      | Extension for reply within second month   |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 1253  | 950      | 2253             | 475      | Extension for reply within third month  |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 1254  | 1,480    | 2254             | 740      | Extension for reply within fourth month   |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 1255  | 2,010    | 2255             | 1,005    | Extension for reply within fifth month  |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 1401  | 330      | 2401             | 165      | Notice of Appeal  |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 1402  | 330      | 2402             | 165      | Filing a brief in support of an appeal  |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 1403  | 290      | 2403             | 145      | Request for oral hearing  |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 1451  | 1,510    | 1451             | 1,510    | Petition to institute a public use proceeding   |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 1452  | 110      | 2452             | 55       | Petition to revive - unavoidable  |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 1453  | 1,330    | 2453             | 665      | Petition to revive - unintentional  |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 1501  | 1,330    | 2501             | 665      | Utility issue fee (or reissue)  |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 1502  | 480      | 2502             | 240      | Design issue fee  |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 1503  | 640      | 2503             | 320      | Plant issue fee   |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 1460  | 130      | 1460             | 130      | Petitions to the Commissioner   |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 1807  | 50       | 1807             | 50       | Processing fee under 37 CFR 1.17(q)   |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 1806  | 180      | 1806             | 180      | Submission of Information Disclosure Stmt   |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 8021  | 40       | 8021             | 40       | Recording each patent assignment per property (times number of properties)  |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 1809  | 770      | 2809             | 385      | Filing a submission after final rejection (37 CFR 1.129(a))   |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 1810  | 770      | 2810             | 385      | For each additional invention to be examined (37CFR 1.129(b))   |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 1801  | 770      | 2801             | 385      | Request for Continued Examination (RCE)   |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 1802  | 900      | 1802             | 900      | Request for expedited examination of a design application   |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| Other fee (specify) _____   |          |                  |          |   |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| *Reduced by Basic Filing Fee Paid   |          |                  |          | SUBTOTAL (3) (\$ )  |          | 0.00                  |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 1. BASIC FILING FEE   |          |                  |          |   |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td>770.00</td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="4">SUBTOTAL (1) (\$ )</td><td colspan="2">770.00</td></tr></tbody></table>   |          |                  |          | Large Entity  |          | Small Entity          |        | Fee Description | Fee Paid | Fee Code     | Fee (\$) | Fee Code        | Fee (\$) | 1001     | 770      | 2001     | 385      | Utility filing fee     | 770.00 | 1002               | 340 | 2002                                | 170 | Design filing fee                 |       | 1003 | 530    | 2003  | 265 | Plant filing fee                      |     | 1004 | 770    | 2004                      | 385    | Reissue filing fee                                 |       | 1005 | 160   | 2005   | 80 | Provisional filing fee                                     |      | SUBTOTAL (1) (\$ ) |      |  |  | 770.00   |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| Large Entity  |          | Small Entity     |          | Fee Description   | Fee Paid |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| Fee Code  | Fee (\$) | Fee Code         | Fee (\$) |   |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 1001  | 770      | 2001             | 385      | Utility filing fee  | 770.00   |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 1002  | 340      | 2002             | 170      | Design filing fee   |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 1003  | 530      | 2003             | 265      | Plant filing fee  |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 1004  | 770      | 2004             | 385      | Reissue filing fee  |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 1005  | 160      | 2005             | 80       | Provisional filing fee  |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| SUBTOTAL (1) (\$ )  |          |                  |          | 770.00  |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE   |          |                  |          |   |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="2"></th><th colspan="2">Extra Claims</th><th colspan="2">Fee from below</th><th colspan="2">Fee Paid</th></tr></thead><tbody><tr><td>Total Claims</td><td>54</td><td>-20** =</td><td>34</td><td>x</td><td>18.00</td><td>=</td><td>612.00</td></tr><tr><td>Independent Claims</td><td>14</td><td>-3** =</td><td>11</td><td>x</td><td>86.00</td><td>=</td><td>946.00</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td><td></td><td>280.00</td><td>=</td><td>280.00</td></tr></tbody></table>  |          |                  |          |   |          | Extra Claims          |        | Fee from below  |          | Fee Paid     |          | Total Claims    | 54       | -20** =  | 34       | x        | 18.00    | =                      | 612.00 | Independent Claims | 14  | -3** =                              | 11  | x                                 | 86.00 | =    | 946.00 | Multiple Dependent                                      |     |                                       |     |      | 280.00 | =                         | 280.00 |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
|   |          | Extra Claims     |          | Fee from below  |          | Fee Paid              |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| Total Claims  | 54       | -20** =          | 34       | x   | 18.00    | =                     | 612.00 |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| Independent Claims  | 14       | -3** =           | 11       | x   | 86.00    | =                     | 946.00 |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| Multiple Dependent  |          |                  |          |   | 280.00   | =                     | 280.00 |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="4">SUBTOTAL (2) (\$ )</td><td colspan="2">1,838.00</td></tr></tbody></table> |          |                  |          | Large Entity  |          | Small Entity          |        | Fee Description | Fee Paid | Fee Code     | Fee (\$) | Fee Code        | Fee (\$) | 1202     | 18       | 2202     | 9        | Claims in excess of 20 |        | 1201               | 86  | 2201                                | 43  | Independent claims in excess of 3 |       | 1203 | 290    | 2203  | 145 | Multiple dependent claim, if not paid |     | 1204 | 86     | 2204                      | 43     | ** Reissue independent claims over original patent |       | 1205 | 18    | 2205   | 9  | ** Reissue claims in excess of 20 and over original patent |      | SUBTOTAL (2) (\$ ) |      |  |  | 1,838.00 |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| Large Entity  |          | Small Entity     |          | Fee Description   | Fee Paid |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| Fee Code  | Fee (\$) | Fee Code         | Fee (\$) |   |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 1202  | 18       | 2202             | 9        | Claims in excess of 20  |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 1201  | 86       | 2201             | 43       | Independent claims in excess of 3   |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 1203  | 290      | 2203             | 145      | Multiple dependent claim, if not paid   |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 1204  | 86       | 2204             | 43       | ** Reissue independent claims over original patent  |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| 1205  | 18       | 2205             | 9        | ** Reissue claims in excess of 20 and over original patent  |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| SUBTOTAL (2) (\$ )  |          |                  |          | 1,838.00  |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| **or number previously paid, if greater; For Reissues, see above  |          |                  |          |   |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| SUBMITTED BY  |          |                  |          | (Complete if applicable)  |          |                       |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| Name (Print/Type)   |          | Mark J. Thronson |          | Registration No. (Attorney/Agent)   |          | 33,082                |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
| Signature   |          |                  |          | Telephone   |          | (202) 775-4742        |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |
|   |          |                  |          | Date  |          | January 28, 2004      |        |                 |          |              |          |                 |          |          |          |          |          |                        |        |                    |     |                                     |     |                                   |       |      |        |   |     |                                       |     |      |        |                           |        |  |       |      |       |  |    |  |      |                    |      |  |  |          |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                    |  |      |  |                     |  |  |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                    |  |  |  |        |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |                |  |          |  |              |    |         |    |   |       |   |        |                    |    |        |    |   |       |   |        |                    |  |  |  |  |        |   |        |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                    |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |  |  |           |  |                |  |  |  |  |  |      |  |                  |  |